

INDIGENT DEFENSE FUND – Contractor Invoice

FIRM NAME: _____

Attorney Name: _____

FIRM ADDRESS: _____

Circle _____
if new ☒ _____
address _____

FIRM PHONE # _____

TAX ID # _____

FOR OPD USE ONLY

C: _____ A: _____

MANDATORY
Date Notice of Appeal
Was Filed – Every Invoice

CASE # _____ TITLE: _____
COUNTY: _____

ASSIGNMENT FEE

Case Type (Charge): _____

REPRESENTING:

ASSIGNMENT
AMOUNT

Were you trial counsel? Yes No

_____ Appellant

_____ Respondent

\$ _____

BRIEF FEE

BRIEF
AMOUNT

Atty. Hours from filing
of case to date
brief was filed: _____

Brief File Date: _____

Is it an Anders Brief? Yes No

Were you sanctioned? Yes No

\$ _____

Note: Copies of ALL briefs for which a brief fee is sought must accompany this invoice.

CLOSING FEE

CLOSING
AMOUNT

Atty. Hours from filing of
brief to date case was
heard or went to Court
without oral argument: _____

Hearing Date: _____

\$ _____

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct:

Date

Signature

Place of Signing